



# MEDI-CAL HEALTH CARE PROGRAM UPDATE

"To Enrich Lives Through Effective and Caring Service"



**JULY 2008**

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## Did you know?

Delays in Medi-Cal Coverage can cause significant problems and pose unnecessary risks to newborn infants?

**AND**

Newborn Infants born to Medi-Cal eligible mothers are automatically eligible for one year of Medi-Cal coverage!

## Have you seen the MC 330?

The MC 330 is the Newborn Referral Form used by health care providers to report newborns to the County. **Within 10 days** of receipt of the MC 330, newborns must be added to LEADER.

Newborn Referral Forms are usually received by District #89, however, if a district office receives a Newborn Referral, it should not be forwarded to District #89 but processed at the district where the form was received.

## Here's how:

- Locate the active Medi-Cal case in LEADER and/or MEDS by using the mother's SSN or BIC number.
- Update the Pregnancy Information screen. Make sure the Valid From date does not change and input the infant's date of birth in the Pregnancy End Date field.
- Once the Pregnancy Information screen is updated, click on the "Add" button to queue the Individual Summary and click on the "Details" button.
- The Valid From date in Individual Demographics Information should be the infant's date of birth and the Report Date will be the date the information was reported.
- Update all pertaining screens in LEADER before running SFU/EDBC and authorizing the case.

**Be sure** to select the correct CIN number when adding a newborn to LEADER.

For questions on how to clear files in MEDS to avoid duplicate CIN numbers, check with your district MEDS liaison.

**Reference:** AD 4201, dated 2/4/03; AD 4201 Supp. I, dated 4/20/05

**C.F.**

## SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE)

The SAVE program is an intergovernmental information sharing program designed to aid eligibility workers in determining an alien's immigration status prior to granting or continuing federally subsidized public assistance benefits. The two SAVE verification methods are primary verification and secondary verification. Primary verification is the automated method of authenticating an alien's immigration status through the SAVE program. Secondary verification is a manual verification process involving the copying of documents for submission to United States Citizenship Immigration Services (USCIS). *SAVE verification is required at every application, redetermination, restoration and reapplication for aliens who provide documentation of satisfactory immigration status to the county.*

- ❑ The **SAVE** abstract **MUST BE** requested for all persons declaring alien or citizen status at intake, **redetermination, restoration and reapplication.**
- ❑ The "A" series number **MUST BE** updated on the Individual Attributes screen or MEDS SAVE screen to initiate the electronic 24-hour **SAVE** abstract.
- ❑ The LEADER and MEDS screen must have all fields completed for the abstract to be generated and distributed to the case carrying worker.
- ❑ The Alien Refugee Summary screen can be used to verify Satisfactory Immigration Status (SIS) only if previously validated. In addition, the Alien Refugee Summary screen **MUST BE** updated to **ENSURE** the **SAVE** response and process have been recorded and validated.
- ❑ The **SAVE** abstract and G-845 documents **MUST BE** filed on the left side of the Identification folder and all supporting documents filed on the right side of the ID folder.
- ❑ Document all actions and responses received from **SAVE/USCIS** in LEADER Case Comments.
- ❑ If a **SAVE** abstract is generated via an on-line transaction to MEDS, staff **MUST** ensure that a three-digit District Code is used in MEDS. Failure to use the three digit code will prevent the abstract from being distributed to the proper district.

**Reference:** ACWDLS 89-14 (dated 03/20/89), 88-68 (dated 09/15/88)

**T.B./O.P.**

## SSA or SP-DDSD?

When a disability-based Medi-Cal application is received, staff must carefully review the information provided in questions 5 thru 5d, Part II of the MC 223-*Applicant's Supplemental Statement of Facts for Medi-Cal*. Based on the given answers, staff must use the chart below to determine if Social Security Administration (SSA) or State Programs-Disability Determination Service Division (SP-DDSD) has jurisdiction over the disability determination.

CLIENT'S SSA	SITUATION	QUESTIONS & ANSWERS (MC 223-section 5)	SSA	SP-DDSD
1. Did not apply		Q 5 = No		X
2. Applied	Application status unknown or pending.	Q 5 = Yes Q 5A = Unknown/Pending		X
3. Allowed/Denied	Decision on appeal.	Q 5 = Yes Q 5A = On Appeal	X	
4. Allowed	Has SSA award letter proving current receipt of benefits.	Q 5A = Approved	None	None
5. Allowed	Has SSA award letter proving current receipt of benefits. Needs retro Medi-Cal.	Q 5A = Approved		X
6. Denied	Has SSA letter proving denial based on income and/or resources.	Q 5A = Denied		X
7. Denied	Denial within previous 60 days. Did not ask SSA to reconsider previous denial.	Q 5B = Date within 60 days	X	
8. Denied	Denial within 12 months. Alleges worsening of same condition (Provides proof. If condition now meets PD criteria). Did not ask SSA to reopen previous denial.	Q 5B = Date within 12 months Q 5C = Yes	X	
9. Denied	Denial within 12 months. Has SSA letter proving SSA refusal to reopen previous denial.	Q 5B = Date within 12 months		X
10. Denied	Denial within 12 months. Alleges new condition not considered by SSA. Has not reapplied with SSA.	Q 5B = Date within 12 months Q 5D = Yes		X
11. Denied	Denial within 12 months. Does not allege new condition or worsening of same condition.	Q 5B = Date within 12 months Q 5C/D = No	X	
12. Denied	Denial over 12 months. Same condition worsened, or has new medical problem not considered by SSA. Has not reapplied or appealed with SSA.	Q 5B = Date over 12 months Q 5C/D = Yes		X
13. Denied	Denial over 12 months. No worsening of same condition, or has no new medical problems.	Q 5B = Date over 12 months Q 5C/D = No	X	

If SSA has jurisdiction over the disability determination, deny the Medi-Cal application. Send the applicant the MC 239 SD-*Notice of Action Denial of Benefits Due to a Social Security Disability Determination*. Ensure the applicant also receives the MC Information Notice 13-*Important Information regarding your Appeal Rights*. However if SP-DDSD is found responsible for determining disability, prepare and submit a disability referral to SP-DDSD.

Source: Medi-Cal Eligibility Procedures Manual, Section 22 C-1.

R.V.

